

Innovation in tobacco control strategies and interventions

OP008

CLUSTER RANDOMISED TRIAL OF A BRIEF TOBACCO CESSATION INTERVENTION FOR LOW INCOME COMMUNITIES, INDIA

Bidyut K. Sarkar¹, Lion Shahab², Monika Arora³, Jasjit S. Ahluwalia⁴, K. Srinath Reddy³, Robert West². ¹Public Health Foundation of India, India and University College London (UCL); ²University College London (UCL), Epidemiology and Public Health, United Kingdom; ³Public Health Foundation of India, India; ⁴University of Minnesota Medical School, USA

Background: India has 275 million tobacco users and tobacco use kills more than a million people in the country each year. There is an urgent need to develop and evaluate affordable and scalable interventions to promote cessation of tobacco use.

Objective: This trial evaluated the effectiveness of a brief affordable and scalable tobacco cessation intervention delivered by trained health professionals to promote quitting of tobacco use offered through outreach into poor urban communities.

Method: This pragmatic, community-based cluster randomised trial involving adult current tobacco users compared a brief intervention consisting of a single session of quit advice and training in craving control using simple yogic breathing exercises (QA-YB) with a control condition consisting of very brief advice (VBA). The study was carried out in 32 urban slum communities in Delhi, 16 randomly allocated to each arm, yielding a total sample size of 1185 tobacco users. Follow-up is 4 weeks and 7 months after the intervention. The 4-week follow-up is complete; the 7-month follow-up will be completed in September. An intention to treat analysis for abstinence rates and analysis using generalized estimating equations (GEE) to take into account the clustering effect would be performed to provide population odds ratios and outcome at individual level. Subgroup analysis of smokers and smokeless tobacco users separately would be presented.

Outcome measure: The primary outcome is self-report of having been abstinent from tobacco in the 6-months preceding the 7-month follow-up, with confirmation by saliva cotinine. This paper presents self-reported point prevalence tobacco abstinence at the 4-week follow-up.

Result: 94% and 97% were followed-up at 4-weeks in the intervention and control arm, respectively. Intention-to-treat analysis (with those lost to follow-up considered as continuing tobacco users) showed that the self-reported abstinence rate was significantly higher in the intervention than the control arm (14.1% versus 7.2%, $p < 0.001$ $\chi^2 = 14.2$).

Conclusion: Preliminary results suggest that a brief tobacco cessation outreach intervention may be effective. If confirmed this will offer an affordable and scalable model of a brief intervention (consisting of single session of quit advice and training on breathing exercises) for India and possibly other countries.

OP010

BUILDING TOBACCO FREE AND CREATING ECO-FRIENDLY ENVIRONMENT IN HILLS OF HIMACHAL PRADESH

Surender Nikhil Gupta¹, Narender Sharma², Naveen Gupta³. ¹Regional Health and Family Welfare Training Centre, Kangra, India; ²Executive Director, Himachal Pradesh Voluntary Health Association, India; ³Freelance Researcher in Epidemiology, Kangra, India

Background: The hill state of Himachal Pradesh with a varied geographical terrain has a higher incidence of smoking for men (33.6%) as compared to the national average (32.7%). As per GATS 2010, 21.2% of adults consume tobacco in some form or other. About 40% of the adult male consumes tobacco of which 33% smoke and 3.8% women of adult women consume tobacco with majority smoking. The exposure to second hand smoke at home is 83% in HP and is among the highest in India

Objective: Building tobacco free and creating eco-friendly environment in hills of Himachal Pradesh

Method: For creating an environment of safe and fresh air, Health department with HPVHA focused on capacity building/empowering of stakeholders for inter sectoral collaborations, creation of effective coalitions. It initiated policy advocacy for formation of Steering Committees at State and District level, creation of flying squads and advocated for notification of courts for compounding the fines and trial for offence on tobacco advertising. It focused on stakeholder sensitization on smoke free laws and conducted about 100 workshop/trainings amongst the authorized personnel. The momentum has now been taken to all district/subdistrict levels and through rural penetration, Panchayat resolutions of smoke free are being passed

Result: Micro level networks and collaborations up to the grassroots with cross sectional stakeholders formed. All district/development blocks are complying with the smoke free provisions, more than 40000 violators fined in the state in 2 years and about Rs 50 Lakhs amount have been collected as fine by the enforcement officials. About 36,000 stakeholders/enforcement officials sensitized at workshops and meetings. 90% Panchayats have passed smoke free resolutions and compliance of smoke free in the state reached to 83%. A cadre of sensitized stakeholders from cross section departments, community based institutions has been formed and combined effect of health department and HPVHA have realized that the social legislation of smoke free laws has to be

initiated from the top focusing on policy advocacy and go down gradually in the hierarchy by strengthening the enforcement mechanism and community awareness

Conclusion: Unless a resolute effort is made to implement smoke free laws, it will have no concrete consequence. It needs to be efficiently executed and enforced with cross sectional stakeholders with an incorporation of knowledge sharing, information exchange, coalition-building, networking, advocacy with policymakers and enforce.

OP013

A BRIEF INTERVENTION TO ADDRESS SMOKING AMONG ADOLESCENTS IN NIGERIA

Oluwakemi Olotade Odukoya, Kofoworola Abimbola Odeyemi. Department of Community Health and Primary Care, College of Medicine, University of Lagos, Nigeria

Background: Majority of smokers start before the age of eighteen years. Schools play a critical role in promoting the health of adolescents and have the potential to influence their health behaviour.

Objective: To assess the effect of a short school based anti-smoking intervention program on cigarette smoking among students in secondary schools in Lagos state, Nigeria.

Method: A non-randomized, controlled intervention study among students in six secondary schools in Lagos state. Data was collected at baseline and follow up using self-administered questionnaires to selected respondents using a multi stage sampling method. Intervention was carried out among students using health talks, information leaflets and posters.

Result: Nine hundred and seventy three students participated in the baseline survey while 948 participated at follow up. There were significant increments ($p < 0.001$) in the mean knowledge (8.39 vs. 11.98; $p < 0.001$) and attitude scores (13.24 vs. 14.99; $p < 0.01$) after the intervention. There was however no statistically significant change in the current smoking habits of the respondents (4% vs. 3%; $p = 0.41$) in the intervention group post intervention. Nevertheless, the number of never-smokers who reported that they were likely to initiate cigarette smoking within the next year significantly reduced from 18.7% to 12.7% after the intervention ($p < 0.05$). There was also a significant increase in the proportion of current smokers who desired to quit smoking from 47.4% to 85.7% ($p < 0.05$) in the intervention group.

Conclusion: Even brief anti-smoking programs of this nature are effective at improving the knowledge and modifying the attitude of the respondents but do not improve adolescents smoking related habits. It however motivated current smokers to desire to quit and reduced the perceptions of smoking initiation in the near future among never smokers Health education sessions on cigarette smoking should be introduced into the secondary school curriculum and periodic anti-smoking awareness programmes should be organised for the students. More intensive approaches may need to be considered to influence the smoking behaviour of adolescent smokers.

OP022

FUNDING ENDGAME STRATEGIES: INNOVATIVE FINANCING MECHANISMS

Deborah Ko Sy, Allan V. Villanueva. HealthJustice Philippines, Quezon City, Philippines

Background: Many policy proposals for endgame strategies require a significant amount of political will and potentially a substantial amount of resources to assess the risks that the policy would bring, to implement the strategy or policy, or to manage the economic and other impact after the policy comes into force. In developing countries, funding to undertake the most fundamental tobacco control strategies meet varying amounts of challenges due to the lack of resources. Innovative financing mechanisms may be used to sustain endgame strategies and to contribute to a strategy of employing the "polluter's pay" principle on the tobacco industry.

Objective: This paper aims to illustrate proposed innovative financing mechanisms and provide examples on how these may contribute to endgame strategies.

Method: The research analyzes two proposed innovative financing mechanisms that employs the "polluter's pay" principle: Standard Tobacco Levy proposed by WHO (high-income countries could allocate \$0.10 per pack of cigarettes sold, middle-income countries (\$0.06), and low-income countries (\$0.02). to raise approximately \$10.8 billion for global health), and Repatriated Tobacco Profit Tax by Callard & Collishaw (levying a 1% Tax on Repatriated Tobacco Profits (TRTP) could raise \$200 million a year to support implementation of the Framework Convention on Tobacco Control (FCTC)); and compares these with other logical variations. It then explores how such mechanisms could potentially contribute to various tobacco control measures including endgame strategies.

Result: Although the STL has been widely disseminated, it has not been widely embraced. Callard & Collishaw have pointed out its flaws and have proposed in the alternative, the TRTP which is claimed to be more equitable. To provide an opportunity for comprehensive consideration, states must be provided with a few more variations of the proposed STL and the TRTP as well as other mechanisms including setting standards for charging a variety of fees.

In addition to augmenting national tobacco control budgets, proceeds can be used to facilitate international cooperation and contribute to endgame strate-